

TREE PERMIT APPLICATION

City of New Port Richey, Florida • Community Development Department
5919 Main Street • New Port Richey, FL 34652 • 727-853-1047 • www.cityofnewportrichey.org

Please complete **ALL** sections of this application.
Incomplete applications will be returned to the property owner or contractor of record.

Date Received

1. Job Address	City	County	State	Zip
Tax Parcel No./Legal Description		FEMA Flood Zone(s)		Base Flood Elevation (BFE)
Building Type: {Select One} <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____		Has a STOP WORK ORDER been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		Notice of Commencement Provided? {if job value is \$2,500 or more} <input type="checkbox"/> Yes <input type="checkbox"/> No N/A
2. Submittal Documents: (show approximate location of tree to be removed, denote trees for removal with an X) <input type="checkbox"/> Building Permit (within the foot print) <input type="checkbox"/> Tree Survey (Draw on survey or similar diagram all trees and mark trees)				
3. Primary Contact Info: {Name/Phone/Email}				
4. Contractor (Company Name)			Phone	
Company Address		City	State	Zip
License Holder		Pasco County BTR No. (Occupational)	Arborist Certification Number	
Contractor or Agent's Email Address				
5. Property Owner's Name			Phone	
Property Owner's Email Address				

Number & Type of Trees To Be Removed
Criteria for Removal
<input type="checkbox"/> Diseased <input type="checkbox"/> Hazard <input type="checkbox"/> Dead <input type="checkbox"/> Within 10' of Structure (5' for palms) <input type="checkbox"/> Other Reason for Removal: _____
IF COMMERCIAL: Trees shall not be removed without compensation. City Code required inch for inch replacement or a betterment plan*, or a payment of \$64.50 per inch fee for shade trees and \$25.00 per inch for palm trees. (City Code Section 8.02.00) <input type="checkbox"/> I will replace tree inch for inch <input type="checkbox"/> I will provide a drawing & description for a betterment plan <input type="checkbox"/> I will pay to the tree fund *Betterment Plan Must Include: 1. Site plan or survey showing location of all existing trees; 2. Site plan or survey showing trees you would like to remove (include dimensions, species, and condition); 3. Site plan or survey showing replacement tree dimensions, species, and proposed location; 4. Cover letter stating reason(s) for requesting removal of trees and explanation and details of betterment plan.

IF RESIDENTIAL:

Single-family and duplex tree replacement(s). For all single-family and duplex lots a minimum number of replacement trees will be required based on the following square footage areas. Any removal of tree(s) will require that up to this minimum number be replaced. Any tree(s) left in a good growing condition on the site shall be counted toward these minimum numbers. Selection of replacement trees, their number and species, shall be determined by analysis of tree canopy cover and soil conditions. The size of the replacement tree(s) shall be determined by the development review committee, however in no case shall replacements be less than four (4) inches in diameter, measured at DBH, eight (8) feet in height, and of a Florida Department of Agriculture Nursery Grade #1 or better. (City Code Section 8.02.08 (3.))

Lot Size Square Footage	Minimum Replacements
3,500 — 6,000	2
6,000 — 9,500	4
9,500 —16,000	6
Over 16,000 (per 16,000 square foot unit)	8

Signature of Property Owner/Agent

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me by means of

Physical Presence OR Online Notarization

This _____ day of _____, _____
Date Month Year

by _____
Name of Person Acknowledging

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification

Type of Identification Produced:

Signature of Contractor

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me by means of

Physical Presence OR Online Notarization

This _____ day of _____, _____
Date Month Year

by _____
Name of Person Acknowledging

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification

Type of Identification Produced:

TREE PERMIT APPLICATION

FOR OFFICE USE ONLY

Code Enforcement Officer		Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments:	

Required Action:		
<input type="checkbox"/> Tree Replaced (inch for inch) <input type="checkbox"/> DRC (Betterment Plan) <input type="checkbox"/> Tree Fund (Site Plan) <input type="checkbox"/> None		